

**VERIFICATION REGARDING FUTURE WORK RELATED MEDICAL TREATMENT**

To Whom It May Concern:

My name is \_\_\_\_\_. I sustained a work injury on \_\_\_\_\_.

I agree that First Review, Inc. can submit an allocation to CMS seeking approval of a WCMSA in regard to future medical expenses related to my work injury. I am requesting a Medicare Set-Aside for future medical treatment related to my work related injury, which has been subject to ongoing litigation in the State of \_\_\_\_\_. It is my understanding that this allocation is supported by the medical and legal documents in my workers' compensation file.

I will self administer the trust.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Claimant Name (Please Print)